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CONFIRMATION NO. 3991

<b>SERIAL NUMBER</b> 10/628,014	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 7194-4
<b>APPLICANTS</b> John Bruce Clayfield Davies, West Lothian, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/GB02/00311 01/25/2002 <i>ok mel</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 01 02 141.9 01/27/2001 <i>ok mel</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/23/2003</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>mel</i> Verified and Acknowledged <i>mel</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 28
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 30565				
<b>TITLE</b> Expandable bone nails				
<b>FILING FEE RECEIVED</b> 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	